

State of Kansas
Kansas Department of Health and Environment
Presumptive Disability Medical Team
Landon State Office Building, Room 900 South
900 SW Jackson Street, Topeka, KS 66612
(785) 296-1849
Toll-Free 1-888-547-2763
Fax: (785) 296-1723

Disability Review Team Referral **Disability Determination Services**

I. IDENTIFYING INFORMATION: to be completed by KDHE				
A. Name (Last, First, MI)		B. DOB		C. SSN
D. Address (street, city, zip)				E. Telephone No.
F. Education	G. Gender	H. Race	I. Customary Occupation	
J. Currently Employed				K. Case No.
YES		NO		
II. REFERRAL INFORMATION: To be completed by KDHE				
A. Application Date	B. Social Security Denial Date Reason Verification			C. Onset Date Requested
D. Reconsideration		E. KDHE DE Name		
Yes (date)		No		
F. KDHE DE Email				
G. KDHE DE Signature				H. Date
III. Disability Determination Information: To be completed by the DRT				
A. Allowed	B. Denied	C. Continued	D. Ceased	E. Onset Date
F. Diagnosis				
G. Basis for Determination, Treatment, Recommendations and/or Remarks				
H. DRT Physician/Phytologist Name and Title:				
I. DRT Physician/Phytologist Signature:				